

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90002 049 \*\*\*\*61.25

**DOCUMENT # N05000012141**

1. Entity Name  
 THE VILLAGE AT TOWN CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 200 VILLAGE BLVD.  
 DAVENPORT, FL 33837

Mailing Address  
 200 VILLAGE BLVD.  
 DAVENPORT, FL 33837

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

07052006 Chg-NP CR2E037 (4/06)

4. FEI Number **13-4316325** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSCHILD, DANIEL K  
 160 SOUTHEAST THIRD AVENUE  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11221 REDBEARLY DR.**  
 City **DAVIE** FL Zip **33330**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHSCHILD, DANIEL K 160 SOUTHEAST THIRD AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAPLAN, RONALD L 160 SOUTHEAST THIRD AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NOVICK, JEROLD J 160 SOUTHEAST THIRD AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>123 S.E. 3<sup>RD</sup> AVE. MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>123 S.E. 3<sup>RD</sup> AVE. MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>123 S.E. 3<sup>RD</sup> AVE. MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **8/15/06** **786586 0907**  
 Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #